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CONFIRMATION NO. 7516

<b>SERIAL NUMBER</b> 10/628,929	<b>FILING OR 371(c) DATE</b> 07/29/2003 <b>RULE</b>	<b>CLASS</b> 015	<b>GROUP ART UNIT</b> 1744	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Michel G. Paille, Imperial, MO;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/399,362 07/30/2002 <i>RC</i> <b>** FOREIGN APPLICATIONS *****</b> <i>NONE RC</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 01/06/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i>		<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 20
			<b>INDEPENDENT CLAIMS</b> 3	
<b>ADDRESS</b> 23830				
<b>TITLE</b> Self wiping toiletry device				
<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	